



TOWN OF EASTHAM

APPLICATION FOR TOBACCO LOCATION AND SALES PERMIT

Date: _____

Fee: \$50.00

Name of Establishment: _____

Business Address: _____

Mailing Address if different: _____

Business Telephone Number: _____

Name and Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different from Applicant) _____

If Corporation or Partnership, give name, title, and home address of officers: _____





State of Incorporation: _____

Name and Address of Local Agent: _____

Name of Emergency Contact: _____

Retailers selling tobacco products must have their tobacco permit in order to receive their annual retail food license.

Please read the following statements and sign your name in acknowledgment of these conditions to receive a “Tobacco Location and Sales Permit”.

-  *I understand that it is illegal to sell tobacco in any form to individuals under 18 years of age, and that there are no exceptions.*
-  *I will obtain photographic proof of age from all customers who are not obviously over 18 years of age before selling any tobacco product.*
-  *I will train sales staff to conduct tobacco sales legally.*
-  *I will not sell single cigarettes.*

I understand that the Board of Health Department will conduct unannounced compliance checks to determine if I am checking for proof of age and not selling to those persons under the age of 18. Checks will also be made to determine if tobacco products are properly located per the Board of Health's Regulations.

I understand that illegal sales of tobacco, or continuous non-compliance of the Board of Health's regulations may result in the issuance of fines and/or the revocation of this permit.

I understand that this permit must be renewed annually.

Name of applicant

Signature of applicant